

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2016</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2016 or fiscal plan year beginning  and ending

<b>A</b> Name of plan	<b>B</b> Three-digit plan number (PN) ▶ <input type="text" value="SCH_A_PLAN_NUM"/>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500	<b>D</b> Employer Identification Number (EIN) <input type="text" value="SCH_A_EIN"/>

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

(a) Name of insurance carrier

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<input type="text" value="INS_CARRIER_EIN"/>		<input type="text" value="INS_CONTRACT_NUM"/>		<input type="text" value="INS_POLICY_FROM_DATE"/>	<input type="text" value="INS_POLICY_TO_DATE"/>

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid <input type="text" value="INS_BROKER_COMM_TOT_AMT"/>	<b>(b)</b> Total amount of fees paid <input type="text" value="INS_BROKER_FEES_TOT_AMT"/>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

Table: Efast\_09.F\_Sch\_A\_part1\_2009

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

INS\_BROKER\_NAME  
INS\_BROKER\_FOREIGN\_CNTRY  
INS\_BROKER\_FOREIGN\_POSTAL\_CD  
INS\_BROKER\_US\_ADDRESS1  
INS\_BROKER\_US\_ADDRESS2  
INS\_BROKER\_US\_CITY  
INS\_BROKER\_US\_STATE  
INS\_BROKER\_US\_ZIP  
INS\_BROKER\_FOREIGN\_ADDRESS  
INS\_BROKER\_FOREIGN\_CITY  
INS\_BROKER\_FOREIGN\_PROV\_STATE

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
INS_BROKER_COMM_PD_AMT	INS_BROKER_FEES_PD_AMT	INS_BROKER_FEES_PD_TEXT	INS_BROKER_CODE

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**4** Current value of plan's interest under this contract in the general account at year end ..... **PENSION\_EOY\_GEN\_ACCT\_AMT**

**5** Current value of plan's interest under this contract in separate accounts at year end..... **PENSION\_EOY\_SEP\_ACCT\_AMT**

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶ **PENSION\_BASIS\_RATES\_TEXT**

**b** Premiums paid to carrier ..... **PENSION\_PREM\_PAID\_TOT\_AMT** **6b**

**c** Premiums due but unpaid at the end of the year ..... **PENSION\_UNPAID\_PREMIUM\_AMT** **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **PENSION\_CONTRACT\_COST\_AMT** **6d**

Specify nature of costs ▶

**PENSION\_COST\_TEXT**

**e** Type of contract: (1)  individual policies (2)  group deferred annuity **ALLOC\_CONTRACTS\_GROUP\_IND**

(3)  other (specify) ▶ **ALLOC\_CONTRACTS\_OTHER\_TEXT**

**ALLOC\_CONTRACTS\_OTHER\_IND**

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶  **PENS\_DISTR\_BNFT\_TERM\_PLN\_IND**

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guaran **UNAL\_CONTRAC\_IMM\_PART\_GUAR\_IND**

(3)  guaranteed investment (4)  other ▶ **UNALLOC\_CONTRACTS\_OTHER\_IND**

**UNAL\_CONTRACTS\_GUAR\_INVEST\_IND**

**UNALLOC\_CONTRACTS\_OTHER\_TEXT**

**UNALLOC\_CONTRACTS\_DEP\_ADM\_IND**

**b** Balance at the end of the previous year ..... **PENSION\_END\_PREV\_BAL\_AMT** **7b**

**c** Additions: (1) Contributions deposited during the year ..... **7c(1) PENSION\_CONTRIB\_DEP\_AMT**

(2) Dividends and credits..... **7c(2) PENSION\_DIVND\_CR\_DEP\_AMT**

(3) Interest credited during the year..... **7c(3) PENSION\_INT\_CR\_DUR\_YR\_AMT**

(4) Transferred from separate account..... **7c(4) PENSION\_TRANSFER\_FROM\_AMT**

(5) Other (specify below)..... **7c(5) PENSION\_OTHER\_AMT**

▶ **PENSION\_OTHER\_TEXT**

(6) Total additions ..... **PENSION\_TOT\_ADDITIONS\_AMT**

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **PENSION\_TOT\_BAL\_ADDN\_AMT**

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1) PENSION\_BNFTS\_DSBRSD\_AMT**

(2) Administration charge made by carrier..... **7e(2) PENSION\_ADMIN\_CHRG\_AMT**

(3) Transferred to separate account..... **7e(3) PENSION\_TRANSFER\_TO\_AMT**

(4) Other (specify below)..... **7e(4) PENSION\_OTH\_DED\_AMT**

▶ **PENSION\_OTH\_DED\_TEXT**

(5) Total deductions ..... **7e(5) PENSION\_TOT\_DED\_AMT**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f PENSION\_EOY\_BAL\_AMT**

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) WLFR\_TYPE\_BNFT\_OTH\_TEXT

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>	<span style="border: 1px solid black; padding: 2px;">WLFR_PREMIUM_RCVD_AMT</span>	
(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	<span style="border: 1px solid black; padding: 2px;">WLFR_UNPAID_DUE_AMT</span>	
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	<span style="border: 1px solid black; padding: 2px;">WLFR_RESERVE_AMT</span>	
(4) Earned ((1) + (2) - (3)) .....	<b>9a(4)</b>	<span style="border: 1px solid black; padding: 2px;">WLFR_TOT_EARNED_PREM_A</span>	
<b>b</b> Benefit charges (1) Claims paid .....	<b>9b(1)</b>	<span style="border: 1px solid black; padding: 2px;">WLFR_CLAIMS_PAID_AMT</span>	
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	<span style="border: 1px solid black; padding: 2px;">WLFR_INCR_RESERVE_AMT</span>	
(3) Incurred claims (add (1) and (2)) .....	<b>9b</b>	<span style="border: 1px solid black; padding: 2px;">WLFR_INCURRED_CLAIM_AMT</span>	
(4) Claims charged .....	<b>9b(4)</b>	<span style="border: 1px solid black; padding: 2px;">WLFR_CLAIMS_CHRGD_AMT</span>	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>	<span style="border: 1px solid black; padding: 2px;">WLFR_RET_COMMISSIONS_AMT</span>	
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	<span style="border: 1px solid black; padding: 2px;">WLFR_RET_ADMIN_AMT</span>	
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	<span style="border: 1px solid black; padding: 2px;">WLFR_RET_OTH_COST_AMT</span>	
(D) Other expenses .....	<b>9c(1)(D)</b>	<span style="border: 1px solid black; padding: 2px;">WLFR_RET_OTH_EXPENSE_AMT</span>	
(E) Taxes .....	<b>9c(1)(E)</b>	<span style="border: 1px solid black; padding: 2px;">WLFR_RET_TAXES_AMT</span>	
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	<span style="border: 1px solid black; padding: 2px;">WLFR_RET_CHARGES_AMT</span>	
(G) Other retention charges .....	<b>9c(1)(G)</b>	<span style="border: 1px solid black; padding: 2px;">WLFR_RET_OTH_CHRGS_AMT</span>	
(H) Total retention .....	<b>9c(1)(H)</b>	<span style="border: 1px solid black; padding: 2px;">WLFR_RET_TOT_AMT</span>	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>	<span style="border: 1px solid black; padding: 2px;">WLFR_REFUND_AMT</span>	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>	<span style="border: 1px solid black; padding: 2px;">WLFR_HELD_BNFTS_AMT</span>	
(2) Claim reserves .....	<b>9d(2)</b>	<span style="border: 1px solid black; padding: 2px;">WLFR_CLAIMS_RESERVE_AMT</span>	
(3) Other reserves .....	<b>9d(3)</b>	<span style="border: 1px solid black; padding: 2px;">WLFR_OTH_RESERVE_AMT</span>	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>	<span style="border: 1px solid black; padding: 2px;">WLFR_DIVNDS_DUE_AMT</span>	

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....		<span style="border: 1px solid black; padding: 2px;">WLFR_TOT_CHARGES_PAID_AMT</span>	
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	<span style="border: 1px solid black; padding: 2px;">WLFR_ACQUIS_COST_AMT</span>	
Specify nature of costs. <span style="border: 1px solid black; padding: 2px;">WLFR_ACQUIS_COST_TEXT</span>			

**Part IV Provision of Information**

INS\_FAIL\_PROVIDE\_INFO\_IND

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

INS\_FAIL\_PROVIDE\_INFO\_TEXT s," specify the information not provided. ▶

<span style="border: 1px solid black; padding: 2px;">WLFR_BNFT_HEALTH_IND</span>	<span style="border: 1px solid black; padding: 2px;">WLFR_BNFT_LIFE_INSUR_IND</span>	<span style="border: 1px solid black; padding: 2px;">WLFR_BNFT_UNEMP_IND</span>	<span style="border: 1px solid black; padding: 2px;">WLFR_BNFT_HMO_IND</span>
<span style="border: 1px solid black; padding: 2px;">WLFR_BNFT_DENTAL_IND</span>	<span style="border: 1px solid black; padding: 2px;">WLFR_BNFT_TEMP_DISAB_IND</span>	<span style="border: 1px solid black; padding: 2px;">WLFR_BNFT_DRUG_IND</span>	<span style="border: 1px solid black; padding: 2px;">WLFR_BNFT_PPO_IND</span>
<span style="border: 1px solid black; padding: 2px;">WLFR_BNFT_VISION_IND</span>	<span style="border: 1px solid black; padding: 2px;">WLFR_BNFT_LONG_TERM_DISAB_IND</span>	<span style="border: 1px solid black; padding: 2px;">WLFR_BNFT_STOP_LOSS_IND</span>	<span style="border: 1px solid black; padding: 2px;">WLFR_BNFT_INDEMNITY_IND</span>
			<span style="border: 1px solid black; padding: 2px;">WLFR_BNFT_OTHER_IND</span>